

ANIMAL MEDICAL CENTER

4012 SOUTH SANTA FE AVENUE
CHANUTE, KS 66720
PHONE: (620) 431-0110
AMCCHANUTE@GMAIL.COM
ANIMALMEDICALCENTERCHANUTE.COM



DR. MEGHAN VORHEES, DVM
DR. ROXANNE WITT, DVM
SUE ALFORD, KRVT

Quality Without Compromise

Surgery and Anesthesia Consent Form

Owner: _____ Pet Name: _____ Date: _____
Procedure: _____ Current Medications: _____

Vaccinations must be current to stay in the hospital. If proof of current vaccinations cannot be provided we will vaccinate for the safety of our staff and other animals in our care. Pets found to have fleas or ticks upon presentation will be treated and charged accordingly.

Your pet is scheduled for a surgical procedure requiring the use of anesthesia. Prior to anesthesia, we will perform a complete physical examination to identify any pre-existing medical conditions that may potentially cause complications. During anesthesia, we monitor your pet closely. This monitoring includes temperature, respiratory rate, oxygenation, blood pressure, heart rate, and EKG. Intravenous fluid therapy will be administered to help support blood pressure, allow venous access in case of an emergency, and increase circulation during anesthesia.

There is always the possibility a physical exam alone will not identify all of your pet's health problems. Pre-anesthetic blood work can be done to help find any underlying disease issues that could complicate anesthesia or require medical treatment in the future. If your pet is in for a mass removal, sending the removed mass to a diagnostic lab to identify the type of mass and if any further treatment might be indicated is also recommended. Labwork and histopathology charges are in addition to the estimated cost of surgery and anesthesia.

_____ Heartworm test in dogs
_____ FIV/FELV test in cats
_____ Qualitative blood count
_____ Qualitative blood count and Diagnostic health profile
_____ I do not wish to have any blood work ran at this time.

Histopathology to identify the type of mass Yes : _____ No: _____

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. _____

I agree to be responsible for any charges incurred while by pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight. _____

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Animal Medical Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure including death, complications, or side effects from medications. I realize that results of the anesthesia/surgery cannot be guaranteed. _____

Estimate for procedure: _____

Signature of owner

Date